

## Town of Davie Volunteer Application

MAIL TO: Special Projects Dept. Attn: Bonnie Stafiej 6591 Orange Dr. Davie, FL 33314

TOWN OF DAVIE, 6591 Orange Drive, Davie, FL 33314-3399 (954) 797-1153

Name:		Age:
Address:	Home Phone:	Cell:
City:		Zip:
School:NOTICE TO THE MIN	OR CHILD'S NATU	_ Hours Needed: JRAL GUARDIAN
READ THIS FORM COME AGREEING TO LET YOUR MID DANGEROUS ACTIVITY. YOU ADAVIE USES REASONABLE CARCHANCE YOUR CHILD MAY PARTICIPATING IN THIS ACCUMULATION OF THE AGELIMINATED. BY SIGNING THIS RIGHT AND YOUR RIGHT TO FELAWSUIT FOR ANY PERSONACHILD OR ANY PROPERTY DAMARE A NATURAL PART OF THE REFUSE TO SIGN THIS FORM, AND REFUSE TO LET YOUR CHILD FORM.	NOR CHILD ENGLING THE AGREEING THE EIN PROVIDING TO BE SERIOUSLY TIVITY BECAUSE CTIVITY WHICH COSTON FROM TO THE ACTIVITY. YOU THE TOWN OF	AGE IN A POTENTIALLY AT, EVEN IF THE TOWN OF THIS ACTIVITY, THERE IS A INJURED OR KILLED BY THERE ARE CERTAIN CANNOT BE AVOIDED OR GIVING UP YOUR CHILD'S HE TOWN OF DAVIE IN A JDING DEATH, TO YOUR TS FROM THE RISKS THAT OU HAVE THE RIGHT TO DAVIE HAS THE RIGHT TO
I further acknowledge that as an adult participant (over 18 years of age) that this activity has certain inherent risks. I agree to hold harmless the Town of Davie, its officers and employees, singly or collectively, for any injury, misadventure, harm, loss, inconvenience or damage suffered or sustained as a result of participation in this activity. I acknowledge that I have been notified that I am expected to know and obey the rules & regulations governing this event and have been informed as to how I can obtain this information if I do not completely know rules & regulations. I consent to and permit emergency treatment in the event of injury or illness. I will assume financial responsibility for any emergency treatment.		
Volunteer Signature:	ι	Date:
Parent Signature:	[	Date: